

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

M. D. Peasant
S.H.C.U.
P.H.S., Inc.
P. O. Box 56
Elmore, AL 36025

2. Article Number

(Transfer from service label)

2:Docx363 (completes 40 days)
7005 1160 0001 2962 4011

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Angela Thorne

- ☐
- Agent
-
- ☐
- Addressee

B. Received by (Printed Name)

Angela Thorne

C. Date of Delivery

4/28/06

- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes**SENDER: COMPLETE THIS SECTION**

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1. Article Addressed to:

Tai Q. Chung, M.D.
6936 Winton Blount Boulevard
Montgomery, AL 36117

2. Article Number

(Transfer from service label)

2:Docx363 (completes 40 days)
7005 1160 0001 2962 4028

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Tai Q. Chung

- ☒
- Agent
-
- ☐
- Addressee

B. Received by (Printed Name)

Tai Q. Chung

C. Date of Delivery

4-28-06

- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes**SENDER: COMPLETE THIS SECTION**

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1. Article Addressed to:

Julio E. Rios, M.D.
Baptist Medical Center South
P. O. Box 241145
Montgomery, AL 36124

2. Article Number

(Transfer from service label)

2:Docx363 (completes 40 days)
7005 1160 0001 2962 4035

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Julio E. Rios

- ☒
- Agent
-
- ☐
- Addressee

B. Received by (Printed Name)

Julio E. Rios

C. Date of Delivery

4-28-06

- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes